Thurston Cr.	ATTO Droppe	
UNITED STATES DISTRICT COURT Southern District of New York		
PLAINTIFF GENERAL CAPITAL PARTNERS	District of	New York
V. DEFENDANT AND THIRD PARTY PLAINTIFF	TI	HIRD PARTY SUMMONS IN A CIVIL ACTION
LIBERTY RIDGE, LLC (f/k/a AMERICAN HERITAGE COMMUNITY/LIBERTY VILLAGE, LLC)	Case Numbe	or: 570v4089
V. THIRD PARTY DEFENDANT LIBERTY HERITAGE ASSOCIATES, INC. To: Name and address of Third Party Defendant		NOV 3 0 20U/
LIBERTY HERITAGE ASSOCIATES, INC. c/o Corporation Service Co. 11 S. 12th Street, P.O. Box 1463 Richmond, VA 23218		
YOU ARE HEREBY SUMMONED and r	required to serve on	
LAINTIFF'S ATTORNEY (name and address)	DEFENDANT I (name and addres	AND THIRD-PARTY PLAINTIFF'S ATTORNEY
Christopher Giaimo 1675 Broadway New York, New York 10019	Bleakley Pla One North L	att & Schmidt LLP exington Avenue s, New York 10601
	1	
answer to the third-party complaint which is served e service of this summons on you, exclusive of the d gainst you for the relief demanded in the third-party the complaint of the plaintiff. You have the option is is a case within Rule 9(h) Federal Rules of Civil ainst you in favor of the original plaintiff under to ocedure, in which situation you are required to make the third-party plaintiff. Any answer that you serve thin a reasonable period of time after service.	ay of service. If you f complaint. There is of answering or not a Procedure, and (2) the the circumstances des	ail to do so, judgment by default may be taken also served on you with this summons a copy unswering the plaintiff's complaint, <i>unless</i> (1) e third-party plaintiff is demanding judgment scribed in Rule 14(c) Federal Rules of Civil to the claim of plaintiff as well as to the claim.
J. Milael Mml	.6	OCT 3 1 2007
CIERK (CIERK	DATE	22
DEPUTY CLERK		

AFFIDAVIT OF SERVICE

STAI	TE OF NEW YORK)	
COU	NTY OF WESTCHESTER) ss.:)	
	CHRISTINE HARRINGTO	ON, being duly sworn deposes and says:	
	I am not a party to this action	, and am over the age of 18 years and reside in Yonkers, New York.	
follow	On November 1, 2007. I serving manner:	ed a true copy of the Third Party Summons and Complaint in the	
	By transmitting the same to the attorney by electronic means to the telephone number or other station or other limitat designated by the attorney for that purpose. In doing so I received a signal from the equipment of the attorney indicate that the transmission was received and mailed a copy of same to that attorney, in a sealed envelope, with postage prepathereon, in a post office or official depository of the U.S. Postal Service within the State of New York, via certified main return receipt requested, addressed to the last known address of the addressee as indicated below:		
	By delivering the same personally to	o the person(s) and at the address indicated below a true copy of the annexed upon:	
	By depositing the same in a sealed envelope with an overnight, next day delivery service in a wrapper properly addresse Said delivery was made prior to the latest time designated by said service. The address and delivery service are designated below		
√	By mailing a true copy thereof, enclosed in a post-paid wrapper, in an official depository under the exclusive care custody of the U.S. Postal Service within New York State, via certified mail – return receipt requested, addressed to ea the following persons at the last known address set forth after each name:		
	Corporation Service Company as Registered Agent for Liberty 11 S. 12 th St. P.O. Box 1463 Richmond, VA 23218	Heritage Associates, Inc. CHRISTINE HARRINGTON	
	to before me this of December, 2007		

VICTORIA REILLY LEHNING
Notary Public, State Of New York
No. 01RE5045508
Qualified In Westchester County
Commission Expires June 19, 20

NOTARY PUBLIC

Filed 12/03/2007

Page 3 of 3

United States Postal Service

First-Class Mail Postage & Fees Paid USPS Permit No. G-10

Sender: Please print your name, address, and ZIP+4 in this box

WHITE PLAINS, NEW YORK 10801-1700

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery		
Article Addressed to:	D. Is delivery address different from item 1? = ☐ Yes If YES, enter delivery address below: ☐ No		
Service Co			
P.O. Bon (14/6)	3. Service Type Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise		
TO T	☐ Insured Mail ☐ C.O.D.		
Klehmond (H & 32/8	4. Restricted Delivery? (Extra Fee)		
2. Article Number (Transfer from service label) 7001 0320 0005 0021 3794			
PS Form 3811, August 2001 Domestic Retu	rn Receipt 102595-02-M-1540		